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Purpose: Change education model to prevent occupational hazards and reduce healthcare-associated infections and increase compliance of infection control policy.

Methods: From July to October 2013, we use simulated live performance film education and immersive practice for cleaner to confirm education effect. Then, the cleaner do disinfection in the isolation room for site inspections, and immediately corrected by the infection control nurse, improve the accuracy of disinfection.

Results: Completeness of disinfection from 71% to 87%, correct cleaning material preparation was 91%, appropriate personal protective equipment use was 95%, processing the dirty material correctly was 75%. From July to October, the healthcare-associated infections rates was reduced from 1.71‰ to 1.2‰.

Conclusions: Change education model using simulated live performance film teaching situation, then with immersive practice, expect education can link with the actual working conditions. Therefore, according to different job titles employees to educate have the significant impact of improving infection control compliance and reducing health care-associated infections.

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SUCCESS IN PREVENTION AND CONTROL OF SCABIES AT A PSYCHIATRY HOSPITAL

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Purpose: Psychiatry nursing homes are densely populated institutions, where cluster incidents are extremely likely to take place when not detected early and handled properly. Common infectious disease in the Department of Psychiatry includes influenza, Norovirus, and scabies. To effectively prevent against clustering, precise case management is particularly important.

Methods:

1. Scabies infection control education on a yearly basis.
2. Revised periodically scabies infection control measures.
3. Vigilance against high-risk patients: Including homeless people, prior detention house inmates, prisoners, tenants of long-term care institutions, frequent travelers.
4. Infectious disease screening: Including new admission and go back to the hospital.
5. Skin management: Inpatients daily skin examination.
6. The clothes of infected patients are packed and set aside for 2 weeks.
7. Immediately isolation and get a medical certificate of completion of treatment can lift the isolation.
8. Contact investigations to track six weeks.
9. 0.6% sodium hypochlorite disinfection of the environment.
10. There are cases when the infection regularly and audit

Results: Between 2006 and 2013, a total of 18 patients were screened with scabies at our hospital. Among them, 8 were found with abnormal rash upon hospital admission and were sent for medical attention and confirmed with scabies right away. All of the patients with scabies completed exposure history investigation and no cluster incident happened during the 8 years, which was uneasy for a psychiatry facility.

Conclusions: This shows that utilization of the said measures indeed helped monitor and manage the care for and prevention against scabies in densely populated institutions and psychiatry nursing homes.

PS 1-144

THE HONG KONG INFECTION CONTROL NURSES' ASSOCIATION (HKICNA) – THE KEY TO SUCCESS IN 1ST 25 AND MORE...

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Purpose: The HKICNA was founded in 1989 with only 44 members including advisors. They all shared experiences and a vision with strong will, contributing their own time to promote infection prevention and control. The followings were efforts witnessing the development, impacts to the profession, staff, community and a new norm of the healthcare system in Hong Kong.

Methods: It was through the continuous education by a dedicated group of *assertive* and *committed* nurses who possess *knowledge* and *innovative* ideas *networking* together towards a *humanized* infection control for the health of all by all means.

Results: Members have expanded to twenty-fold of the original and up to 1400 in 2003-04. To build up knowledge, training course was organized annually since 1999 which was well recognized by hospitals in Hong Kong with attendances >5000; ad hoc seminars on novel emerging diseases were as needed. In 2002, biannual HKICNA newsletter was first published; to strengthen the network with international authorities, biennial International Conference was organized in collaboration with local nursing associations from 2004 onwards; which served as a platform for experience sharing from 800 – 1000 overseas' delegates in each event. The webpage was developed in 2007 to enhance communication and promotion. Participation in health carnival in 2010 broadened the scope to community involving public. There were innovative activities e.g. research grant award, sponsorship and scholarship, hand hygiene poster design competition and video on "Hand Hygiene Dance" for different generations to enhance sustainability.

Conclusions: With the support from our healthcare workers and public, and guidance from renowned advisors; HKICNA, with all the education and promotion works, has been growing more influential in the healthcare system in Hong Kong and also serves as a bridge for the overseas. The association stands for Humanity, Knowledge, Innovation, Commitment, Networking and Assertiveness; which is the key to success.

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QUALITY CONTROL CIRCLE (QCC) STRATEGY ON REDUCTION OF THE RATE OF NEEDLE STICK INJURY AND BLOODBORNE EXPOSURE

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Purpose: Accidental *exposure to blood* following a *needle stick injury* is probably one of the most common *occupational health accidents* in medical care. Also, it is the source of being infected with hepatitis B, C, HIV and syphilis. Comparing with the report of Exposure Prevention Information Network Needle (3.5%) in year 2012, the rate of needle stick injury of our hospital was 3.0%. But comparing with Taiwan Healthcare Indicator Series: medical center (0.20%), regional hospitals (0.18%), the rate of our hospital was 0.23% which was 0.03% higher than medical center and 0.05% higher than regional hospitals. In order to reduce the rate of needle stick injury, combine with superintendent, infection control unit, occupational safety office, department of Nurse, department of medical administration and hospital material management system, quality control improvement is formed.

Methods: The report of needle stick injury in year 2012 was shown that new staff were the most risky groups (0–3 months, 4 months to < 1 year); most common places: ward, operation theater, out patient clinic and emergence department; needle injury types: suture needle, needle for blood withdrawal and insulin needles; most common situations: two-handed recapping, not remove the needle at once, while putting the needle inside the safety box, cleaning the material and wound suture. Base upon the principle (80/20), three issues should be highlighted: not handle needle properly, not knowledgeable to this event, not enough safety devices. Strategies for improvement: meeting for discussing how to improve the needle stick injury, let the in charge person to pay attention, slang for preventing needle stick injury, guidelines and make films for *educational* training and safeguard interventions, increasing using safety needle devices.